

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000092140

Entity Name: THE EVICTION CLINIC, INC.

FILED
Feb 17, 2011
Secretary of State

Current Principal Place of Business:

1623 COLLINS AVENUE
#915
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61-1713
MIAMI, FL 33261 US

New Mailing Address:

FEI Number: 36-4667526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, DULCE M
1623 COLLINS AVENUE
#915
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FUENTES, DULCE M
Address: 1623 COLLINS AVENUE, #915
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP
Name: FUENTES, DULCE M
Address: 1623 COLLINS AVENUE, #915
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: SEC
Name: FUENTES, TIFFANY N
Address: 1623 COLLINS AVENUE, #915
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DULCE FUENTES

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date